DIPSOMANIA.—At the annual meeting of the Border Counties Branch of the British Medical Association, July 26th, 1878 (reported in *Brit. Med. Journal*, Nov. 16), the President, Dr. Gilchrist, read a paper on the following subject: Dipsomania: its Nature, Treatment, and Results. The conclusions arrived at were the following: 1. Dipsomania is a true neurotic disease. 2. In a very large proportion of cases, if not in all, it is hereditary. 3. In a large number of cases, it is traceable to drinking habits in one or both parents, or connected with them in more remote relationships. 4. Its neurotic character is indicated—*a*, By its tendency to periodicity; *b*, By its incurability; *c*, By the loss of self-control ever a dominant propensity in those subject to it; *d*, By the intellectual, and especially moral, peculiarities of its victims. In the above characteristics are seen its intimate relationship to, if not identity with, ordinary insanity. 5. In its treatment there are to be recognized two essentially distinct conditions: the neurotic peculiarity, which is permanent and irremediable, and the direct results from the poisoning of alcohol, which are temporary and remediable. 6. If the term "recovery" is to apply to the latter conditions only, 90 to 100 per cent. are curable. If it is to include the former also, 5 per cent. will be found a liberal allowance; that is, not more than five per cent. of the patients will be so far modified by any treatment as to enable them to resist, during the remainder of life, the propensity to drinking. Dipsomania, like other forms of insanity (neurotic diseases, if preferred), is a sad inheritance from the sins of our fathers. It is very rarely the result *merely* of vicious habits in the individual subject to it. If it is to be dealt with effectually, we must extend the horizon of our views beyond individual cases, or even the present generation. Prevention *versus* cure is the true, if not the only treatment.

DISLOCATION OF THE ATLAS.—Drs. Uhde, Hagemann and Boettger describe in the *Archiv f. klin. Chirurgie*, vol. XXII., a case of bilateral wrench of the lower articular surfaces of the atlas, by which the right surface was displaced forward, the left backward, from corresponding articular surfaces of the axis. The injury produced some remarkable disturbances of innervation. The left half of the tongue was paralyzed and convex outwards, while the right half was contracted and concave. The left half of the soft palate and the left glosso-palatine arch were also paralyzed, the uvula was drawn to the right. The anterior third of the tongue on both sides and the second and third thirds on the left, possessed ordinary and gustatory sensation; in the posterior two-thirds on the right, no sign of sensation or taste could be detected. The authors attribute these phenomena to paralysis of the right glosso-pharyngeal nerve and of the left hypoglossal nerve and the pharyngeal plexus. By artificially producing the injury, they show that the glosso-pharyngeal nerve, immediately after its exit from the jugular foramen, must have been violently stretched over the portion of the atlas which was thrown forward; that in this luxation, the roots of the hypoglossal nerve inside the vertebral canal appeared as a pair of tightly stretched cords, instead of lying, as in the normal condition, loose against the dura mater. In the same way and at the same part, the accessory nerve suffers stretching, leading to the paralysis of the left palate; this can be explained in no other way than by assuming an injury, through this overstretching, of the pharyngeal plexus, which aids in forming the anterior branch of the accessory nerve. The vertebral canal was not so much narrowed as to produce compression of the medulla oblongata, and the vertebral artery was not injured. The disturbances of the gustatory function of the tongue indicate that the glosso-pharyngeal nerve supplies exclusively only the two posterior thirds of the tongue, and that the anterior third and palate are supplied from portions of the third division of the fifth nerve. The dislocation could not be reduced; but the patient gradually regained some power of moving the head. There was also some improvement in the functions of the tongue and palate.—*Brit. Med. Journal*, Sept. 7, 1878.

HALLUCINATIONS.—Stricker, *Wiener med. Blaetter*, 1878, No. 4-6 (abstr. in *Centralbl. f. d. Med. Wissensch.*).—As regards the question of the production of hallucinations, the author thinks we can only consider whether the nervous apparatus for the conceptions can act alone, or whether the peripheral nervous apparatus is not also requisite. Adult inmates of an institution for the blind state that the conceptions of colors and forms occur in dreams for a period of ten to twenty years after the onset of total blindness; then auditory and tactual conceptions gradually predominate, until finally all sight is lost in dreams, though the recollections of objects seen in childhood still persist. This indicates that that part of the central sensory organs that serves in the memory of sensations is not alone sufficient to produce hallucinations. Something else must intervene in their production. He compares the hallucinations of sound individuals in the state of semi-conscious condition, when the functions of the brain are in a condition of lessened irritability and those of insane persons which also accompany a depressed condition of consciousness. The peripheral nerves, he thinks, are needful for their production ; in actual perceptions their centres are put into action through their agency by external irritations, but in hallucinations it is an internal excitation from the centres that excites the peripheral sense apparatus.

VERTIGO DUE TO URETHRAL STRICTURE.—In Nos. 44 and 45 of the *Deutsche med. Wochenschrift* (1878), Dr. Erlenmeyer relates a case of vertigo which could be traced to the above mentioned cause.

A healthy man of 31 years, without any hereditary nervous tendency, began to complain about six years ago, of sudden attacks of stiffness of the left arm. They were of momentary duration, but soon became more frequent and involved also the left leg and right arm. After a time the attacks were accompanied by sudden vertigo, without loss of consciousness. A feeling of pressure in the forehead now became a constant complaint. The patient suffered from urethral stricture, rendering micturition quite difficult and every attempt at micturition was accompanied by dizziness, without motor troubles. Examination showed catarrh of stomach and bladder, and increased patellar reflex. On closing the eyes he walked unsteady and complained of